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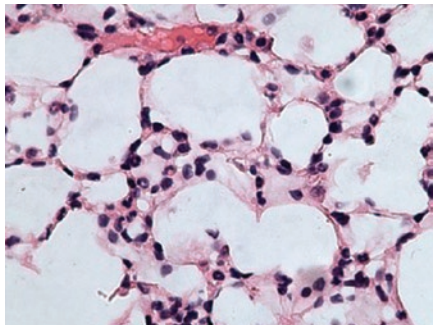
Treatment of HIV nephropathy with HAART

The epidemic of HIV sweeping across Africa is one of the major public-health challenges of modern times. Dealing with this scourge requires a commitment on the part of governments and nongovernmental organizations, which have slowly been developing coping strategies, with varying success. Now, Peters *et al.* present a study in which they tracked the prevalence and treatment of HIV nephropathy in Uganda in a home-care treatment network. They found that HIV nephropathy was quite common. Treatment with highly active antiretroviral therapy (HAART) not only improved the clinical outcomes of AIDS patients but also improved their glomerular filtration rates. These findings demonstrate that a treatment thought to be suitable only in the developed world, where advanced public-health systems include follow-up and management of complex HIV-related diseases, is readily transferable to Africa. This result should energize both governmental and other bodies that are attempting to manage HIV and its related diseases. **See page 925.**

IL-6 and extrarenal injury induced by renal ischemia

Patients with acute kidney injury frequently have pulmonary complications. Following ischemic injury, circulating factors perhaps produced by the kidney might induce organ damage at a distance from the kidney. In a new study, Klein *et al.* induced ischemic reperfusion injury in mice and found extensive lung neutrophil infiltration and capillary leak shortly after ischemia of the kidney. However, these pathological findings were reduced when ischemia was induced in interleukin-6 (IL-6)-deficient mice. Wild-type mice, treated with an IL-6-inactivating antibody, had decreased lung infiltration by leukocytes.



These studies demonstrate the role of IL-6 as a critical mediator of extrarenal injury induced by renal ischemia. **See page 901.**

Progression of renal disease

Perhaps the most critical area of study in nephrology today is the progression of renal disease. A significant number of studies in humans and animals have shown that renal failure begins with an immunological or toxic insult, which acts as a trigger to initiate a cascade of events that lead inexorably to renal failure. Since the demonstration of this fact, many studies have attempted to examine the mechanisms by which progression occurs. In this issue, we examine this topic in a series of Reviews. Detlef Schlondorff, the Associate Editor responsible for the series, has written a comprehensive summary of the field (**see page 860**). Then, two papers, one by Fine and Norman (**see page 867**) and one by Ronco and Chatziantoniou (**see page 873**), discuss the mechanisms identified so far. In a subsequent issue we will present three additional papers that explore disease progression.